

MULTIPLE DEPEN
CLAI
FEE CALCULATION SHEET
(FOR USE WITH F
PTO-875)

CLAIM

SERIAL NO.

FILING DATE

10 / 561 496

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
1							
2							
3							
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23							
24							
25							
26							
27							
28	1						
29		1					
30		1					
31		1					
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45		1					
46		1					
47		1					
48		1					
49		1					
50		1					
TOTAL IND.	1						
TOTAL DEP.							
TOTAL CLAIMS							

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
51							
52							
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95		1					
96		1					
97		1					
98		1					
99		1					
100		1					
TOTAL IND.	1						
TOTAL DEP.	29						
TOTAL CLAIMS	30						